

External Dacryocystorhinostomy

Why am I having this procedure?

Because it has been established that your tear duct is blocked or that the tear pump mechanism is failing and preventing the tears from passing down the tear duct into the nose. The procedure may be combined with a lid tightening in the latter situation. The purpose of the surgery is twofold. Firstly the tear sac is opened so that mucus no longer collects and causes swelling or infection, secondly by doing this there will be free passage of the tears away from the eyes and into the nose and so cure your watering problem.

What is involved?

A small incision is made (approx 1.5 cm) at the side of the nose in the inner corner, behind where the pads of glasses would sit.

The tissues are divided and a small amount of bone is removed (approx 1 cm) so that access can be found into the nasal space. The tissues lining the nose are then attached to the opened tear sac so that tears will be able to pass freely into the nose. Frequently a silicone tube is placed in the tear passages to help keep the new passageway patent. These will usually be removed at about six weeks after the surgery. The surgery is usually performed under general anaesthesia whilst you sleep.

What are the risks?

There is a risk that there could be bleeding during the procedure and up to five days afterwards. It is important that you tell the surgeon if you are taking blood-thinning medications, warfarin or have a bleeding disorder. Generally bleeds can be managed by packing the nose. You will be asked not to blow your nose for the first couple of weeks after the surgery to prevent damage to the operated tissues and to prevent bleeding.

- Infection of the surrounding tissues is rare – most times you will be given antibiotic to help prevent this for five days after the procedure.
- Bruising around the nose and spreading into the eyelid is fairly common – this settles over 10 days or so
- Scarring – this is rare and usually inconspicuous due to the location
- Failure of the procedure with persistent watering occurs in around 3 out of 100 cases. This is not the end of the road as there are procedures that can be done to improve the outcome under these circumstances.

External Dacryocystorhinostomy

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs, and that I have had a sufficient opportunity for discussion, and to ask questions. I consent to this procedure. Where there may be repeats of the same treatment, this consent applies until I inform the Doctor otherwise.

Patient Signature: _____ Date: _____

Patient Name: (Print) _____

Doctor Signature: _____ Date: _____

Doctor Name: (Print) _____

